



Testimony in Opposition to H.B. 293
Mark Lally, Legislative Counsel, Ohio Right to Life
Ohio House Health Committee
December 2, 2009

Madame Chair and members of the committee, I am Mark Lally, Legislative Counsel for Ohio Right to Life. I am here to state Ohio Right to Life's opposition to H.B. 293, the "Prevention First Act".

Although proponents of H.B. 293 argue that the bill will "prevent" unintended pregnancies and abortions, several of its provisions would clearly fail to do that. The bill would, however, prevent the exercise of conscience rights by pro-lifers.

The bill violates the freedom of conscience of pro-life pharmacists, taxpayers and religiously-affiliated hospitals by forcing them to provide or promote the "morning-after pill", which is sometimes misleadingly referred to as "emergency contraception". Ohio Right to Life does not take a position on contraception. However, we oppose the morning-after pill because it sometimes ends the life of a living human embryo. Among other things, the bill provides that:

- Pharmacies that stock any type of contraception must obtain and provide the morning-after pill (and any contraceptive) upon a customer's request (lines 991-1069). The State Pharmacy Board can revoke or suspend a pharmacist's license for failure to do so (lines 961-962) and can impose a fine of up to \$5000 (lines 1050-1056).
- The Ohio Department of Health must disseminate information on how to use the morning-after pill (lines 752-763).
- All hospital emergency rooms (including those at religiously-affiliated hospitals) must provide sexual assault victims with the morning-after pill (lines 803-807) and must tell them that it "does not cause an abortion" or "interrupt an established pregnancy" (lines 800-802). These statements are based on the fact that the bill's proponents define a "pregnancy" as only beginning when the embryo implants in the woman's womb. However, this information would be very misleading to any pro-life person who believes that life (and pregnancy) begins at fertilization. Since "emergency contraception" can sometimes cause the death of a living human embryo by preventing implantation after fertilization has occurred, such a person is likely to regard it morally as a form of early abortion. Since this information would probably be irrelevant to the decision-making process of any person who had no objections to abortion, it would only be relevant in obtaining the informed consent of persons who had moral concerns about abortion, and those are the precisely the persons who are most likely to be misled by it. If a hospital violates this requirement, the Department of Health can

impose a civil penalty of at least \$10,000 with no limit on the maximum penalty (lines 888-893). If there is a second violation, the State can seek an injunction to close the hospital (lines 894-901).

- Insurance policies must cover prescription contraceptives if they cover other prescription drugs (lines 12-28, 902-920). Since “emergency contraception” is a prescription drug for persons under 17, coverage would be required for family members under 17.

The bill does all this despite the fact that the morning-after pill is already widely available at pharmacies (over-the-counter for adults and by prescription for minors under age 17).

Although the bill promotes “emergency contraception” to “prevent” unintended pregnancies and abortion, it is very questionable whether this will be the result. For example, a January 2007 study in *Obstetrics & Gynecology* by leading proponents of the drug found that increased access to “emergency contraception” had not reduced the rates of abortion or unintended pregnancy. The authors of this study reviewed 23 other studies on “emergency contraception”. They found that none of these studies found that increased access to the drug reduced the pregnancy or abortion rates. (See attached abstract and *Washington Times* article.) It is important to note that, while previously promoting “emergency contraception”, two of the authors of this study, Prof. James Trussell and Dr. Elizabeth Raymond, had predicted that increased access to “emergency contraception” would reduce unintended pregnancies and abortions. This 2007 study, thus, reflected an admission that their prior predications were wrong.

Although supporters of this bill claim to be “pro-choice”, the bill would deny pro-life people in the health care professions the “freedom to choose” not to participate in the destruction of human life. While the proponents argue that a hospital or pharmacy could, in theory, allow a particular provider to abstain from participation in distribution of the morning-after pill, there is no assurance that this will be possible depending on who is present. For example, a small pharmacy may often have only one person available. Similarly, the bill requires that a hospital “promptly offer emergency contraception”, regardless of the moral views of the personnel present or the religious views of any denomination that the hospital may be affiliated with.

The bill operates on the apparent assumption that a desire for immediate patient “access” means that all health care facilities should provide the morning-after pill. However, the original Hippocratic Oath stated: *“I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy.”* Thus, from as long ago as the time of adoption of the Hippocratic Oath, it has been recognized that health care providers should exercise moral judgment and decline to provide medicines or treatments which they think would cause death. The Hippocratic Oath recognized that the desire for immediate “access” to a drug did not and should not trump a health care provider’s duty and right to exercise conscience and ethical judgment. H.B. 293 operates in opposition to this principle by requiring health care providers and facilities to provide the morning-after pill regardless of whether they regard it as “an abortive remedy”. We stand with the principles of the Hippocratic Oath and assert that the State of Ohio should not coerce health care providers into violating their religious and moral objections against ending a human life.

For these reasons, we urge you to oppose H.B. 293.

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REVIEWS

**Population Effect of Increased Access to
Emergency Contraceptive Pills**

A Systematic Review

**Elizabeth G. Raymond, MD, MPH¹, James Trussell, PhD²
and Chelsea B. Polis³**

From ¹Family Health International, Research Triangle Park, North Carolina;
²Office of Population Research, Princeton University, Princeton, New Jersey;
and Department of Population, Family and Reproductive Health, ³Johns
Hopkins Bloomberg School of Public Health, Baltimore, Maryland.

OBJECTIVE: We systematically reviewed data on effects of increased access to emergency contraceptive pills on pregnancy rates and use of the pills.

DATA SOURCES: We searched MEDLINE, POPLINE, EMBASE, and LILACS, and we consulted with experts.

METHODS OF STUDY SELECTION: We included studies that compared the effect of different levels of access to emergency contraceptive pills on pregnancy rates, use of the pills, and other outcomes.

TABULATION, INTEGRATION, AND RESULTS: Of the 717 articles identified, we selected 23 for review. The studies included randomized trials, cohort studies, and evaluations of community interventions. The quality of these studies varied. In all but one study, increased access to emergency contraceptive pills was associated with greater use. However, no study found an effect on pregnancy or abortion rates.

X

CONCLUSION: Increased access to emergency contraceptive pills enhances use but has not been shown to reduce unintended pregnancy rates. Further research is needed to explain this finding and to define the best ways to use emergency contraception to produce a public health benefit.

X

The Washington Times

www.washingtontimes.com

EC pill use doesn't lower abortion rates

By Cheryl Wetzstein

THE WASHINGTON TIMES

Published January 8, 2007

Sexually active women are more likely to use "emergency contraception" (EC) pills if they can easily get them, but there is no evidence that widespread use of the pills lowers pregnancy or abortion rates, researchers say in a new report.

A review of 23 studies on EC "demonstrate convincingly that greater access [to the pills] increases use," Dr. Elizabeth G. Raymond, James Trussell and Chelsea B. Polis said in their article in this month's issue of *Obstetrics & Gynecology*.

But predictions that easier access to EC would produce "a direct, substantial impact ... may have been overly optimistic," they wrote, calling for more research "to explain this finding."

"To date, no study has shown that increased access to this method reduces unintended pregnancy or abortion rates," the authors concluded, adding that while some of the 23 studies taken individually have deficiencies, "the consistency of their primary findings is hard to ignore."

The benefits of widespread use of EC have been touted for years by its supporters. Advocates for Youth, for instance, has cited studies predicting that if women -- especially teens -- could "back up their birth control" with EC, the number of unwanted pregnancies could be cut in half and 70 percent of abortions could be prevented. In 2005, researchers at the Guttmacher Institute, the research arm of Planned Parenthood, issued a report suggesting that EC alone prevented 51,000 abortions in 2000.

But EC opponents said the new *Obstetrics & Gynecology* article is just the latest example of overblown claims about EC's benefits.

Mr. Trussell has for years "harshly criticized" the Bush administration and the Food and Drug Administration (FDA) for "allowing politics to trump science," said Wendy Wright, president of Concerned Women for America. "Now we will see if ideology and abortion politics will trump science."

In August, after a protracted battle, the FDA approved Plan B, the nation's only EC product, for adults-only purchase in retail stores with pharmacists. Girls age 17 and younger still must have a prescription to buy Plan B, which is manufactured by Barr Laboratories.

Plan B is a set of birth-control pills intended to be taken by women within 72 hours of sexual intercourse. EC prevents pregnancy by preventing ovulation, preventing fertilization of the egg or preventing implantation of the fertilized egg in the womb.

Some pro-life activists oppose EC because they say life begins at conception, and since EC can prevent implantation, it could be an abortifacient. Pro-EC activists counter that pregnancy starts with implantation and EC cannot be an abortifacient because it doesn't

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